

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/914166

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6	1	0				
7	0	0				
8	0	0				
9	1					
10		1				
11		2				
12		2				
13		2				
14		0				
15		0				
16	1					
17		1				
18		2				
19		2				
20		2				
21	0	0				
22	0	0				
23	1	0				
24	0	0				
25	0	0				
26	0	0				
27	1	0				
28	0	0				
29	0	0				
30	0	0				
31	0	0				
32	0	0				
33	0	1				
34		1				
35		1				
36		2				
37		2				
38	1					
39		1				
40		2				
41		2				
42		1				
43		1				
44	1					
45		1				
46		1				
47		3				
48		3				
49		0				
50	1					
TOTAL IND.			6			
TOTAL DEP.		←	46	←	←	↓
TOTAL CLAIMS			50			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←		←	←	↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831